

JUN 06 2007

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FORM**

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Total Number of Pages in This Submission

2

Application Number 10/728,101

Filing Date 12/04/2003

First Named Inventor Russell C. McKown

Art Unit 2809

Examiner Name Kasmalan, Allahyar

Attorney Docket Number 6756.6-1

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
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Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name			
Signature			
Printed name	Raffi Gostanian		
Date	06/06/2007	Reg. No.	42,595

**CERTIFICATE OF TRANSMISSION/MAILING**

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Signature			
Typed or printed name	Raffi Gostanian	Date	06/06/2007

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JUN 06 2007

PTO/GB/02 (01-09)

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**REVOCATION OF POWER OF  
 ATTORNEY WITH  
 NEW POWER OF ATTORNEY  
 AND  
 CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/728,101
Filing Date	12/04/2003
First Named Inventor	Russell C. McKown
Art Unit	2809
Examiner Name	Kasraian, Alshyr
Attorney Docket Number	8756.6-1

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

67,208

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
 Customer Number:

67,208

OR

☐ Firm or  
 Individual Name

Address

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SE/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Date

Telephone

214-893-8909

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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